

The foundation beneath the dashboard

A practical guide to data governance and integrity in healthcare supply chain

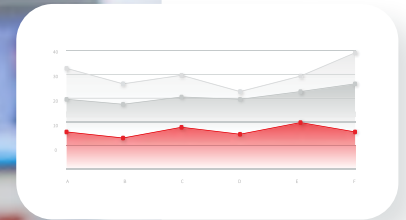


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Margins remain thin, and for many health systems, the supply chain is the first place they look. After labor, it is the largest expense, and one of the few areas left with real room to move.

There is no shortage of solutions offering to help supply chains run more efficiently. Artificial intelligence (AI) that forecasts demand and flags risk. Predictive planning. New dashboards that put spend and variation in a single view. Each one claims to surface money you are leaving on the table, and each one can. But all of them depend on the same thing: data. And the one thing a demo never tests is data quality, which is where most teams struggle.

Without trustworthy data, AI is not trustworthy either. Dashboards produce the wrong insights with total confidence. The savings report you carry into a budget conversation does not survive scrutiny. The technology is only ever as good as the item and contract data underneath it.

Fixing that data is easier said than done. It is sourced from hundreds of places and lives across systems that do not agree with one another, which is why the work has a reputation for being endless. So, the real question is not whether to fix it. It is where to start, which sources to examine, and how to recognize when part of your foundation is compromised. This guide walks through exactly that.

How it shows up

Most teams don't think they have a data problem. They think they have an inventory or a reporting problem. Beneath the surface, it is usually a lack of confidence in the information they already have. You do not diagnose that from a dashboard. You recognize it in your day-to-day work.

See how many of these sound like your operations:



The same product appears more than once under different names or units of measure.



Teams keep side spreadsheets to correct what the system should already hold.



Requesters and buyers can order off contract with nothing meaningful flagging it.



New items get added without governance, so they contain incomplete or non-standard attributes.



Vendors reject orders or acknowledge with different attributes and prices.



Teams cannot determine the total spend on a single product across facilities in minutes.



Invoices routinely fail to match purchase orders and get reconciled by hand.



Reports do not align, so leadership quietly stops trusting them.

None of these stays contained. One item built with the wrong unit of measure—ten to a case when the vendor ships twelve—throws off the order. It also breaks the match between purchase order, contract, and invoice and exacerbates inventory discrepancies and the effort needed for manual resolution. By the time finance sees the number, it has already been distorted in several places, and that is just one record, multiplied across thousands.

Where the process breaks down

The problems are rarely random, and they are rarely everywhere at once. They occur at a few predictable points, which is good news because it tells you where to look.



Item and supplier setup

Records get created without a standard, duplicates emerge, and a wrong unit of measure or a missing attribute slips in. Everything downstream inherits these errors, which makes this the highest-leverage place to look first.



Contract linkage

When items are not tied to the terms that govern them, the price you negotiated stops protecting you and off-contract buying goes unflagged. Price integrity lives or dies here.



The ERP-to-EHR handoff

A picture of spend is incomplete until supply data reaches the clinical systems care teams use. When the supplies in the enterprise resource planning (ERP) do not match what clinicians see and document in the electronic health record (EHR), you get charge discrepancies, price variances, and a cost of care you cannot report with confidence.



The OR and procedural areas

The operating room, cardiac catheterization laboratory, and electrophysiology laboratory carry the highest costs and generate the most reimbursement in the building. Preference cards go stale, schedules are not connected to supply planning, and implant and bill-only workflows still run on manual handoffs. Weak data here raises risk and hides the true cost of a case.

None of these is a cleanup project. Each is a point in the process you can govern, which is why this is better understood as a margin discipline than a data chore. It ties directly to cost per case, contract compliance, the working capital tied up in inventory, and the accuracy of what you report.

What good looks like

A strong foundation does not mean perfect data. It means the controls, ownership, and structure are in place so the data can be trusted and stay that way.



A standardized item master

One consistent definition of each item across facilities, with reliable descriptions, manufacturer and catalog numbers, units of measure, categories, unique device identification (UDI) attributes, and contract linkage on every record. A single source of truth even when more than one platform is in play, reconciled through a virtual item master where needed.



Clear ownership

Accountability for who creates, updates, and approves supply chain data, with value analysis and supply chain involved where they should be, and item creation that follows a defined process rather than habit.



Connected contracts and purchasing

Contract terms tied to the items and vendors they govern, so purchasing can be steered and compliance can be monitored.



A real connection to clinical systems

The supplies in the ERP match what clinicians see and document in the EHR, giving an accurate view of usage, charge capture, and cost of care.



A foundation that automation can stand on

Reports trace back to governed records, and AI is pointed at clean inputs, so it removes work instead of amplifying errors.

Why it rarely looks like that

If that is what good looks like, why do so few operations look like it? Not for lack of effort. It is because the data lives across systems that were never designed to agree. Data gets fixed in one place and stays wrong in another. A legacy system holds conflicting records. A spreadsheet workaround quietly becomes part of the process. In a multi-facility or post-merger environment, all of it compounds. Cleaning the data is the easy half. Keeping it clean is where most teams lose ground.

This is where a modern healthcare ERP earns its place, as long as you are honest about what it does and does not do. An ERP does not fix fragmented ownership, inconsistent definitions, or weak stewardship. Those are governance decisions, and they belong to people and policy. What the ERP does is enforce those decisions consistently. It becomes the system of record for item, vendor, contract, and inventory data, serving as the control layer where the standards are enforced rather than hoped for. Governance sets the rules. The ERP enforces them at scale every day without relying on constant manual oversight.

Two things begin to change once that control layer is in place. The first is visibility. Instead of stitching spend together from a dozen facilities and never quite trusting the total, you get one view across every location. That is what surfaces duplicate items, the off-contract pattern, the savings you negotiated but never captured, and the inventory sitting idle at one hospital while another places an emergency order for the same thing.



The second change is the bigger one. Most supply chains can tell you what they bought. Far fewer can tell you why it was consumed, where the variation lives, or what demand is coming next, because purchasing data only looks backward. By connecting ERP and EHR data, organizations can better understand utilization patterns while identifying variation across physician preference cards and discrepancies between the supplies, devices, and implants managed in the ERP and those documented in the EHR. This creates a stronger foundation for value analysis, standardization efforts, and more informed supply chain decisions.

You can read demand from the schedule, so a month heavy with cardiovascular cases signals the stents and catheters you will need before a shortage appears. And you can plan supplies for upcoming procedures days ahead, avoiding last-minute orders and protecting both the case and the charge.



At the University of Maryland Medical System, supply data moves between the ERP and the EHR in both directions, so charge capture and stay tracking run through one connected workflow rather than disconnected manual processes.



CHRISTUS Health retired thirty-five legacy systems on the way to a single system of record—a move that turned a one-time cleanup into a foundation that lasts.

A practical path forward

For teams sitting on years of fragmented data, governance can feel too big to start. The answer is not to fix everything at once. It is to start where the downstream impact is greatest.



Assess

Find where trust breaks down and which practices introduce poor-quality data. Where do duplicate records live? Where are units of measure inconsistent? How strong is contract linkage? Which workflows still depend on manual correction, and where do supply chain and finance spend time reconciling data that should already agree? One way to size it: Take a single high-volume category, compare the contracted price to the price paid per line, and project the gap over a year. The number is usually bigger than anyone expects, uncovering savings opportunities and contract compliance gaps.



Standardize

Build consistency into the item master and establish standards for record creation: descriptions, manufacturer and catalog numbers, units of measure, required attributes, UDIs, and classifications. Standardization is what prevents unchecked data variation within your enterprise and lets reporting, analytics, and purchasing controls work at all.



Assign ownership

Governance only holds when someone is responsible. Define who owns item setup, updates, and approvals, how contracts are linked and maintained, and who is allowed to request and purchase what. The goal is structure and consistency, not bureaucracy.



Enforce through the system, not by hand

This is where a modern ERP does its real work on data quality. Move from manual policing to controls that live in the workflow: required fields and validation rules at item creation, approval steps for new items and suppliers, audit trails, and common definitions everyone shares.

The system steers requesters and buyers to preferred, on-contract items, matches purchase order to receipt to contract to invoice, and flags exceptions before they become payments. Drive this process through the contract record as the source of truth wherever possible, and support it with easily accessible process documentation. This is how governance stops being something you hope for and becomes something the system enforces.



Sustain

This is a capability, not a one-time remediation. The teams that get the most value share one habit that separates a fix that holds from one that drifts back: whenever and wherever possible, they cleanse and attribute data before it loads into the system of record, not after it has already caused problems downstream. Cleaning inside the ERP treats the symptom. Governing what comes in and how it is maintained addresses the cause.

Automation belongs here too, but carefully. It is powerful in invoice matching, vendor compliance checks, and recall response, and it returns the most when the data underneath is already governed. At Confluence Health, automating vendor checks and invoice processing made invoice processing 70% faster and reallocated a full position within the first month, well ahead of the six months the team expected.

Point the same automation at a messy item master and it does the opposite: It produces confident errors faster. Those errors can then carry into other process automations, which rely on clean data to operate effectively and deliver their intended value realization.



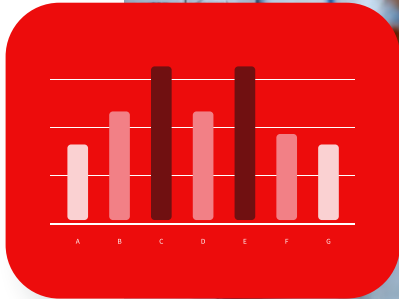
The takeaway

Dashboards, analytics, and AI all have a place in the modern supply chain. None of them is the starting point. The starting point is data you can trust. Govern your item, contract, and clinical supply data well, and you are in a far stronger position to control margin, reduce variation, defend your reporting, and make automation useful. Without that foundation, even the best tool struggles to deliver. The organizations that move fastest are rarely the ones with the flashiest tools. They are the ones that build the foundation first and pair real governance with a system built to enforce it.

A short self-check for your own environment

- ☐ Can you say, in minutes, exactly how much you spend on a single product across every facility?
- ☐ Does the same physical item appear more than once in your item master, under different names or units of measure, or perhaps with minor discrepancies in item numbering?
- ☐ Can you see comparative inventory and usage across every facility in one place, or do you stitch it together by hand?
- ☐ When an invoice arrives, does the system match it to the purchase order, receipt, and contract automatically, or does a person reconcile it manually?
- ☐ Can your system bring the surgical schedule and preference cards in from the EHR so you can plan supplies ahead of the case?
- ☐ Is your item and pricing data cleansed before it loads into the ERP, or after problems surface downstream?
- ☐ Do the contracted supplies, devices, and implants in your ERP match what clinicians see and chart in the EHR?
- ☐ Are you able to quickly identify recalled and outdated products using standard identifiers, cross-referencing them with patient records where possible?
- ☐ Before you turn AI loose on a process, can you say the data underneath it is governed?

If you answered “no” or “not sure” to more than one of these, the foundation needs attention before the destinations are reachable. And if your honest answer to several of them is that a person has to handle it manually, the gap is not effort or talent. It is that your systems are not doing the work a modern ERP is built to do. The good news is that this is a foundation you put in place once, then sustain through the system rather than by hand. It is the most durable investment a supply chain can make, because everything else depends on it.



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